

Phase III Update: CCSHCN and First Steps Merger and Re-Design
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One year ago this month, the Governor signed the Executive Order transferring First Steps to the Commission. My goal for the transfer was that it occurs as transparently as possible to the families that are served by First Steps (Part C) and the Commission's Title V program for children with special health care needs. I am pleased to report that we have met this goal. Families reported no disruption in services; providers received payments; and, the infrastructure that exists to support service delivery is in many instances stronger today than it was a year ago. This is not to say that there have not been challenges. But, for every challenge we have faced, we also have seen the emergence of opportunities to enhance and improve the two programs.

When the Cabinet initiated the merger process, we envisioned that it would occur in three phases. Phase I represented the administrative transfer of the First Steps program to the Commission. During this period budget, provider agreements, university agreements and other contracts, and personnel were successfully transferred. Phase II represented the completion of the Office of Special Education Programs (OSEP) mandatory self-assessment and the development of a Continuous Improvement Monitoring Plan (CIMP) for First Steps.

Phase III, which began in May 2002, represents merger and re-design of the First Steps program and the Commission's program for children with special health care needs (cshcn). Phase III is not just about First Steps. It is about the merger of both programs and the future of this agency as a system that supports and provides coordinated health and developmental services for children from birth to age 21. To this end, I have requested our federal technical assistance provider and Phase III facilitator, the Mid-South Regional Resource Center, to lead us in a process that:

- Recognizes there always will be different programs in the Commission, but that these programs will be integrated to the extent possible;
- Is system-focused in that it looks at health and education from a broad-based perspective that involves many partners at many different levels working collaboratively to achieve a shared goal that children are healthy and ready to learn, healthy and ready to work, and healthy and ready to live as independently as they choose;
- Focuses on the life of a child and his/her family from birth to 21;
- Acknowledges the role that the child's school plays in the child and family's life;

- Provides an opportunity for First Steps, Title V, and our other partners in health and education to learn and expand their knowledge beyond a particular program or area of expertise;
- Goes beyond merely identifying challenges, to determining the root causes of the problems;
- Results in program integration to the extent possible without disruption in services to children and their families and focuses on the strengths that each program brings to the table.

The merger and re-design process will not be accomplished overnight. In fact, I expect it to occur through a series of action steps over the course of the next five years. The Phase III process will provide the blueprint for the changes that need to occur.

Nearly seventy representatives from the Title V and First Steps programs and our partners, including families, providers, universities, education, family resource youth service centers, and early childhood development are participating in the Phase III process. Four workgroups are diligently working to address: 1) intake and eligibility; 2) service planning; 3) service delivery; and 4) quality and outcomes. To-date, the process has focused on building relationships, increasing understanding of the programs and the current parameters under which each operates, articulating a personal and collective vision for the merged system, and identifying and clarifying the challenges that we face in merging the two programs.

The merger cannot be accomplished without consideration of a number of external factors that heavily influence how the programs operate and the services that are provided. These factors include:

- The Cabinet for Health Services Strategic Plan
- The 2010 Express Measures of Success for Children with Special Health Care Needs (US Department of Health and Human Services)
- The Legislative Review Commission's Program Review of KEIS
- The State Improvement Grant (US Department of Education, Office of Special Education Programs)
- Title V Maternal Child Health Block Grant Performance Measures (US Department of Health and Human Services)
- Part C, IDEA Self Assessment and State Improvement Plan (US Department of Education, Office of Special Education Programs)
- Kentucky Department of Education and the State Board of Education's Goals
- KY TEACH Project Goals (US Department of Health and Human Services)
- KIDS Now Initiative (Governor's Office of Early Childhood Development and a number of participating state agencies and other programs)

(Links to information on these topics can be found on the Commission website at <http://commissionkids.state.ky.us/firststeps/6-02%20Update/Merger6-02.htm> or by clicking on the link "[Internet Resources](#)" on the merger homepage.)

During the Phase III process, the workgroups spent a considerable amount of time reviewing these documents for their impact on the merger process. The time spent represents new learning for many participants and embodies what the notable management writer Peter Senge refers to as organizational learning—which he argues should be the starting point for organizations engaged in significant change efforts.

Developing a shared vision is also referenced by Peter Senge as being a foundation for organizational change efforts. To this end, the groups spent time describing personal visions, or expectations for things they would like to see occur as a result of the merger. This in turn, led to the development of a "[Consolidated Vision Statement](#)" (in draft form) which reflects many of the goals identified by the Cabinet strategic plan. The consolidated vision drafted by the Phase III Core Group is taken from the work of the four workgroups. It includes:

- Plan, develop, implement and maintain a single point of entry
- Achieve accessibility of technology across programs for useful data
- Create a seamless family-centered service system
- Pursue full utilization of all fiscal resources
- Provide services within established timeframes
- Develop a well-trained workforce that is administratively supported
- Inform, educate, and involve families at all levels
- Foster positive impressions in the community
- Plan, develop, implement, and maintain regulations and clear and consistent policies and procedures
- Provide appropriate and high quality services

During September and October, the groups have been busy identifying and clarifying challenges that must be addressed in order for the consolidated vision and the desired outcome of program integration, to the extent possible, to be realized. The Office of Special Education Program's (OSEP) "Logic Model for Interpreting Data, Diagnosing Causes of Concerns, Prioritizing Improvement Strategies, and Guiding the Collection of Evidence of Change" is the tool being used to complete this analysis. (It is the same model used by CSHCN and the KY Department of Education during the OSEP Self Improvement Plan.) The Logic Model requires one to examine the challenge or problem from a systems

perspective, by looking for causes and/or contributing factors on multiple levels: state level structures and support, community level structures and supports, personnel issues (such as recruitment, training and support), implementation and procedural issues, and at the level of child and family outcomes. Because what we see as challenges are often multi-leveled and very complex, the goal is to identify the "root cause" of the problems and challenges before developing solutions which otherwise might not address the real issue.

Once challenges are identified and fully analyzed, the workgroups will develop recommendations, which outline changes that need to be made in order to realize our shared vision and goals. The recommendations will focus on specific actions that when taken, will have the most significant impact in positioning us to attain our vision for CSHCN.

At the end of the Phase III process, which we expect to occur in December 2002, findings and recommendations will be consolidated into a Strategic Vision Statement and Integrated Five-Year Plan for CSHCN. During January - March 2003, the plan will be circulated for comment among the Commission Board of Directors, Interagency Coordinating Council, District Early Intervention Partners, and other partners and stakeholders. Once comments are received and the plan is finalized in early Spring 2003, workgroups will be convened to address the recommendations. These groups will be charged with developing specific actions to implement the plan. The workgroups as currently comprised will no longer exist; however, many of the individuals will participate in the workgroups assigned to operationalize the recommendations.

Phase III has been a dynamic, demanding, and sometimes arduous process for the participants, especially the workgroup facilitators. It represents a sizeable contribution of personnel and their time. To many participants, it represents another function added to the long-list of responsibilities that they already carry. We do not take this process lightly and for these reasons, we owe a debt of gratitude to the participants and their agencies. But we also share the knowledge that through our collective visioning and problem solving, we are realizing an opportunity to improve the lives of many children and families so that no child is left behind, and each child achieves personal success.